

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines
PharMerica Inc. Political Action Committee (PPAC)

ADDRESS (number and street) 1901 Campus Place
Check if different than previously reported. (ACC) Louisville KY 40299

2. FEC IDENTIFICATION NUMBER C00397455
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff
(d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2007 through 10 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Teri Hartlage

Signature of Treasurer Electronically Filed by Teri Hartlage Date 11 15 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
PharMerica Inc. Political Action Committee (PPAC)

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		64827.41
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	88316.29									
(c) Total Receipts (from Line 19) .....	2175.46	29164.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	90491.75	93991.75								
7. Total Disbursements (from Line 31) .....	2000.00	5500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	88491.75	88491.75								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
PharMerica Inc. Political Action Committee (PPAC)

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2073.46	16444.76
(i) Itemized (use Schedule A) .....	102.00	12719.58
(ii) Unitemized .....	2175.46	29164.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2175.46	29164.34
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2175.46	29164.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2175.46	29164.34

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	5500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2000.00	5500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2000.00	5500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2175.46	29164.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2175.46	29164.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Terry Allard		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 2812 Wingren Road		<b>Transaction ID:</b> 101007-11
City Irving	State TX	Zip Code 75062
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.19
Name of Employer Pharmerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

Full Name (Last, First, Middle Initial) <b>B.</b> Terry Allard		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 2812 Wingren Road		<b>Transaction ID:</b> 101907-11
City Irving	State TX	Zip Code 75062
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.19
Name of Employer Pharmerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Andrews		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 24712 231st Ave SE		<b>Transaction ID:</b> 101007-36
City Maple Valley	State WA	Zip Code 98038
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.19
Name of Employer Pharmerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.57
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A. Michael Andrews</b>		Date of Receipt MM / DD / YYYY 10 / 19 / 2007
Mailing Address 24712 231st Ave SE		<b>Transaction ID: 101907-36</b>
City Maple Valley	State WA	Zip Code 98038
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.19	
Name of Employer Pharmerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

Full Name (Last, First, Middle Initial) <b>B. Charles Ashy</b>		Date of Receipt MM / DD / YYYY 10 / 05 / 2007
Mailing Address 4406 Effie St		<b>Transaction ID: 101007-10</b>
City Bellaire	State TX	Zip Code 77401
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.19	
Name of Employer Pharmerica	Occupation Director, Process Improvement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

Full Name (Last, First, Middle Initial) <b>C. Charles Ashy</b>		Date of Receipt MM / DD / YYYY 10 / 19 / 2007
Mailing Address 4406 Effie St		<b>Transaction ID: 101907-10</b>
City Bellaire	State TX	Zip Code 77401
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.19	
Name of Employer Pharmerica	Occupation Director, Process Improvement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.57
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Anthony Astore		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 7 Hempstead Road		<b>Transaction ID:</b> 101007-38
City State Zip Code Trenton NJ 08610	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer PharMerica	Occupation Consultant Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Anthony Astore		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 7 Hempstead Road		<b>Transaction ID:</b> 101907-38
City State Zip Code Trenton NJ 08610	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer PharMerica	Occupation Consultant Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Tracy Atkinson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 22 Evening Star Lp		<b>Transaction ID:</b> 101007-25
City State Zip Code Edgewood NM 87015	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer PharMerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Tracy Atkinson		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 22 Evening Star Lp		<b>Transaction ID:</b> 101907-25
City Edgewood	State NM	Zip Code 87015
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer Pharmerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John Baughman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 2432 Atchison Ave		<b>Transaction ID:</b> 101007-20
City Lawrence	State KS	Zip Code 66047
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer Pharmerica	Occupation Lead Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John Baughman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 2432 Atchison Ave		<b>Transaction ID:</b> 101907-20
City Lawrence	State KS	Zip Code 66047
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer Pharmerica	Occupation Lead Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Hill Boyett		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 137 Tatershall		<b>Transaction ID:</b> 101007-45	
City State Zip Code Macon GA 31210		Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pharmerica		Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.99	

<b>B.</b> Full Name (Last, First, Middle Initial) Hill Boyett		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 137 Tatershall		<b>Transaction ID:</b> 101907-45	
City State Zip Code Macon GA 31210		Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pharmerica		Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.99	

<b>C.</b> Full Name (Last, First, Middle Initial) Joann Camasso		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 15 NE 20th Ave		<b>Transaction ID:</b> 101007-43	
City State Zip Code Pompano Beach FL 33060		Amount of Each Receipt this Period 11.54	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pharmerica		Occupation Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	51.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Joann Camasso		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 15 NE 20th Ave		<b>Transaction ID:</b> 101907-43
City State Zip Code Pompano Beach FL 33060	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 11.54
Name of Employer Pharmerica	Occupation Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

Full Name (Last, First, Middle Initial) <b>B.</b> David Cole		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 1213 Augusta Drive		<b>Transaction ID:</b> 101007-5
City State Zip Code Shelbyville KY 40065	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer Pharmerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C.</b> David Cole		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 1213 Augusta Drive		<b>Transaction ID:</b> 101907-5
City State Zip Code Shelbyville KY 40065	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer Pharmerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	61.54
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

**A.** Full Name (Last, First, Middle Initial)  
Patrick Daugherty

Mailing Address 419 Summer Sails Dr

City Valrico State FL Zip Code 33594

FEC ID number of contributing federal political committee. **C**

Name of Employer Pharmerica Occupation Director, Regional Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.99

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 101007-31

Amount of Each Receipt this Period  
 20.19

**B.** Full Name (Last, First, Middle Initial)  
Patrick Daugherty

Mailing Address 419 Summer Sails Dr

City Valrico State FL Zip Code 33594

FEC ID number of contributing federal political committee. **C**

Name of Employer Pharmerica Occupation Director, Regional Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.99

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 101907-31

Amount of Each Receipt this Period  
 20.19

**C.** Full Name (Last, First, Middle Initial)  
Todd Dipprey

Mailing Address 1401 7th

City Shallowater State TX Zip Code 79363

FEC ID number of contributing federal political committee. **C**

Name of Employer Pharmerica Occupation Manager, General

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.99

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 101007-9

Amount of Each Receipt this Period  
 20.19

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.57
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A. Todd Dipprey</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 1401 7th		<b>Transaction ID: 101907-9</b>	
City State Zip Code Shallowater TX 79363		Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pharmerica Manager, General			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.99	

Full Name (Last, First, Middle Initial) <b>B. Juanita Dong</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 636 Berridge		<b>Transaction ID: 101007-6</b>	
City State Zip Code Ridgeland MS 39157		Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pharmerica Pharmacist (Nx)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 363.42	

Full Name (Last, First, Middle Initial) <b>C. Juanita Dong</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 636 Berridge		<b>Transaction ID: 101907-6</b>	
City State Zip Code Ridgeland MS 39157		Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pharmerica Pharmacist (Nx)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 363.42	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Mary Douzjian		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 910 Santa Florencia		<b>Transaction ID:</b> 101007-40
City State Zip Code Solana Beach CA 92075	Amount of Each Receipt this Period 11.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Pharmerica Lead Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

Full Name (Last, First, Middle Initial) <b>B.</b> Mary Douzjian		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 910 Santa Florencia		<b>Transaction ID:</b> 101907-40
City State Zip Code Solana Beach CA 92075	Amount of Each Receipt this Period 11.54	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Pharmerica Lead Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

Full Name (Last, First, Middle Initial) <b>C.</b> Ronald Finch		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 12236 Juniper		<b>Transaction ID:</b> 101007-17
City State Zip Code Overland Park KS 66209	Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Pharmerica Manager, General		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	43.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Ronald Finch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 12236 Juniper		<b>Transaction ID:</b> 101907-17	
City State Zip Code Overland Park KS 66209		Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation PharMerica Manager, General			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 423.99	

Full Name (Last, First, Middle Initial) <b>B.</b> Christopher Flori		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 10232 Douglas Oaks Cr., #303		<b>Transaction ID:</b> 101007-34	
City State Zip Code Tampa FL 33610		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation PharMerica Vice President, Product Development			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Christopher Flori		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 10232 Douglas Oaks Cr., #303		<b>Transaction ID:</b> 101907-34	
City State Zip Code Tampa FL 33610		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation PharMerica Vice President, Product Development			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	95.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Linda Gelalia		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 9539 Norchester Cir		<b>Transaction ID:</b> 101007-48	
City Tampa	State FL	Zip Code 33647	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PharMerica	Occupation Director, Process Improvement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Linda Gelalia		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 9539 Norchester Cir		<b>Transaction ID:</b> 101907-48	
City Tampa	State FL	Zip Code 33647	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PharMerica	Occupation Director, Process Improvement		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lee Gregoire		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 15350 Pompeii Square		<b>Transaction ID:</b> 101907-14	
City Colorado Springs	State CO	Zip Code 80921	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pharmerica	Occupation Manager, General		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

**A.** Full Name (Last, First, Middle Initial)  
Thomas Griffin

Mailing Address 10903 Ledgement Ln

City State Zip Code  
Windermere FL 34786

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Manager, General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 101007-2

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas Griffin

Mailing Address 10903 Ledgement Ln

City State Zip Code  
Windermere FL 34786

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Manager, General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 101907-2

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Pamela Johnson

Mailing Address 4021 Audubon Drive

City State Zip Code  
Largo FL 33771

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Manager, General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 101007-47

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

**A.** Full Name (Last, First, Middle Initial)  
Pamela Johnson

Mailing Address 4021 Audubon Drive

City State Zip Code  
Largo FL 33771

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica Manager, General

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 101907-47

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Johnston

Mailing Address 6 Pin Oak Court

City State Zip Code  
West Port CT 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica Manager, General

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 101907-29

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
James Kilgus

Mailing Address 130 Mason Road

City State Zip Code  
Brooklyn CT 06234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica Director, Clinical Consulting

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 423.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 101007-42

Amount of Each Receipt this Period  
20.19

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	55.19
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A. James Kilgus</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 130 Mason Road		<b>Transaction ID: 101907-42</b>	
City State Zip Code Brooklyn CT 06234	Amount of Each Receipt this Period 20.19		
FEC ID number of contributing federal political committee. C			
Name of Employer PharMerica	Occupation Director, Clinical Consulting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99		

Full Name (Last, First, Middle Initial) <b>B. Mark Kirasich</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 7185 Crystal View Dr Se		<b>Transaction ID: 101007-33</b>	
City State Zip Code Caleoonia MI 49316	Amount of Each Receipt this Period 20.19		
FEC ID number of contributing federal political committee. C			
Name of Employer PharMerica	Occupation Manager, General		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99		

Full Name (Last, First, Middle Initial) <b>C. Mark Kirasich</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 7185 Crystal View Dr Se		<b>Transaction ID: 101907-33</b>	
City State Zip Code Caleoonia MI 49316	Amount of Each Receipt this Period 20.19		
FEC ID number of contributing federal political committee. C			
Name of Employer PharMerica	Occupation Manager, General		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

**A.** Full Name (Last, First, Middle Initial)  
Barbara Klinkel

Mailing Address 2928 Falls

City State Zip Code  
Rapid City SD 57702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Manager, General

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 101007-15

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Klinkel

Mailing Address 2928 Falls

City State Zip Code  
Rapid City SD 57702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Manager, General

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 101907-15

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Koski

Mailing Address 1310 Jersey Ave N

City State Zip Code  
Golden Valley MN 55427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pharmerica Pharmacy Ops Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 441.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 101007-13

Amount of Each Receipt this Period  
21.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	71.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

**A.** Full Name (Last, First, Middle Initial)  
Michael Koski

Mailing Address 1310 Jersey Ave N

City State Zip Code  
Golden Valley MN 55427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica Pharmacy Ops Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 441.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 101907-13

Amount of Each Receipt this Period  
21.00

**B.** Full Name (Last, First, Middle Initial)  
Larry Litzmann

Mailing Address 5617 Skimmer Dr

City State Zip Code  
Apollo Beach FL 33572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica Svp, Account Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 101007-7

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Larry Litzmann

Mailing Address 5617 Skimmer Dr

City State Zip Code  
Apollo Beach FL 33572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica Svp, Account Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 101907-7

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	221.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Victor Manuele		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 1014 Northridge Rd		<b>Transaction ID:</b> 101007-39
City State Zip Code Chaddsford PA 19317	Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. C		
Name of Employer Pharmerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

Full Name (Last, First, Middle Initial) <b>B.</b> Victor Manuele		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 1014 Northridge Rd		<b>Transaction ID:</b> 101907-39
City State Zip Code Chaddsford PA 19317	Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. C		
Name of Employer Pharmerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 4769 Greenview Ct		<b>Transaction ID:</b> 101007-35
City State Zip Code Commerce MI 48382	Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. C		
Name of Employer Pharmerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

**A.** Full Name (Last, First, Middle Initial)  
Michael Martin

Mailing Address 4769 Greenview Ct

City State Zip Code  
Commerce MI 48382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica Manager, General

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 423.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 101907-35

Amount of Each Receipt this Period  
20.19

**B.** Full Name (Last, First, Middle Initial)  
Patricia McSherry

Mailing Address 840 Via Descanso

City State Zip Code  
El Paso TX 79912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica Director, Clinical Consulting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 101907-26

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Natalie Moore

Mailing Address 4207 W. Sevilla St.

City State Zip Code  
Tampa FL 33629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PharMerica Manager, Corporate Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 101007-27

Amount of Each Receipt this Period  
11.54

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	41.73
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A. Natalie Moore</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 4207 W. Sevilla St.		<b>Transaction ID: 101907-27</b>	
City State Zip Code Tampa FL 33629	Amount of Each Receipt this Period 11.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PharMerica	Occupation Manager, Corporate Accounts		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34		

Full Name (Last, First, Middle Initial) <b>B. Christopher Novak</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 27 Tobisset St		<b>Transaction ID: 101007-8</b>	
City State Zip Code Mashpee MA 02649	Amount of Each Receipt this Period 11.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pharmerica	Occupation Consultant Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34		

Full Name (Last, First, Middle Initial) <b>C. Christopher Novak</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 27 Tobisset St		<b>Transaction ID: 101907-8</b>	
City State Zip Code Mashpee MA 02649	Amount of Each Receipt this Period 11.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pharmerica	Occupation Consultant Pharmacist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	34.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Jay Palin Mailing Address 10528 Chestnut Hill City Fishers State IN Zip Code 46038 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 101007-28 Amount of Each Receipt this Period 40.00
Name of Employer: PharMerica Occupation: Vice President, Ltc Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jay Palin Mailing Address 10528 Chestnut Hill City Fishers State IN Zip Code 46038 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7 <b>Transaction ID:</b> 101907-28 Amount of Each Receipt this Period 40.00
Name of Employer: PharMerica Occupation: Vice President, Ltc Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ronald Perry Mailing Address 6434 Yvette Drive City Hudson State FL Zip Code 34667 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 101007-3 Amount of Each Receipt this Period 20.00
Name of Employer: PharMerica Occupation: Vice President, Utilization Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A. Ronald Perry</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 6434 Yvette Drive		<b>Transaction ID: 101907-3</b>	
City Hudson	State FL	Zip Code 34667	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer PharMerica	Occupation Vice President, Utilization Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) <b>B. Yvonne Preziosi</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 1010 Oak Ridge Manor Dr		<b>Transaction ID: 101007-50</b>	
City Brandon	State FL	Zip Code 33511	Amount of Each Receipt this Period 11.54
FEC ID number of contributing federal political committee. C			
Name of Employer Pharmerica	Occupation Manager, Paperless Implementation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34		

Full Name (Last, First, Middle Initial) <b>C. Yvonne Preziosi</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 1010 Oak Ridge Manor Dr		<b>Transaction ID: 101907-50</b>	
City Brandon	State FL	Zip Code 33511	Amount of Each Receipt this Period 11.54
FEC ID number of contributing federal political committee. C			
Name of Employer Pharmerica	Occupation Manager, Paperless Implementation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	43.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Larry Reis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 6036 E. Illinois		<b>Transaction ID:</b> 101007-23
City State Zip Code Fresno CA 93727	Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PharMerica	Occupation Director, Clinical Consulting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

<b>B.</b> Full Name (Last, First, Middle Initial) Larry Reis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 6036 E. Illinois		<b>Transaction ID:</b> 101907-23
City State Zip Code Fresno CA 93727	Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PharMerica	Occupation Director, Clinical Consulting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Rowland		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 5952 Jaegerglen Dr		<b>Transaction ID:</b> 101007-1
City State Zip Code Lithia FL 33547	Amount of Each Receipt this Period 20.19	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PharMerica	Occupation Director, Operations Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A. Timothy Rowland</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 5952 Jaegerglen Dr		<b>Transaction ID: 101907-1</b>	
City State Zip Code Lithia FL 33547	Amount of Each Receipt this Period 20.19		
FEC ID number of contributing federal political committee. C			
Name of Employer PharMerica	Occupation Director, Operations Support		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99		

Full Name (Last, First, Middle Initial) <b>B. David Rushing</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 2212 13th St. SW		<b>Transaction ID: 101007-19</b>	
City State Zip Code Great Falls MT 59404	Amount of Each Receipt this Period 20.19		
FEC ID number of contributing federal political committee. C			
Name of Employer Pharmerica	Occupation Manager, General		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99		

Full Name (Last, First, Middle Initial) <b>C. David Rushing</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 2212 13th St. SW		<b>Transaction ID: 101907-19</b>	
City State Zip Code Great Falls MT 59404	Amount of Each Receipt this Period 20.19		
FEC ID number of contributing federal political committee. C			
Name of Employer Pharmerica	Occupation Manager, General		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Paula Ruskan Mailing Address 13902 Blue Vista City State Zip Code Sugar Land TX 77478 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 101007-4 Amount of Each Receipt this Period 20.19
Name of Employer: PharMerica Occupation: Manager, General Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 423.99		

<b>B.</b> Full Name (Last, First, Middle Initial) Paula Ruskan Mailing Address 13902 Blue Vista City State Zip Code Sugar Land TX 77478 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 7 <b>Transaction ID:</b> 101907-4 Amount of Each Receipt this Period 20.19
Name of Employer: PharMerica Occupation: Manager, General Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 423.99		

<b>C.</b> Full Name (Last, First, Middle Initial) Janice Rutkowski Mailing Address 1110 Abbeys Way City State Zip Code Tampa FL 33602 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> 101007-12 Amount of Each Receipt this Period 76.92
Name of Employer: PharMerica Occupation: Svp, Clinical Services & Prog Dev Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1615.32		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>117.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Janice Rutkowski		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 1110 Abbeys Way		<b>Transaction ID:</b> 101907-12
City Tampa	State FL	Zip Code 33602
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.92
Name of Employer PharMerica	Occupation Svp, Clinical Services & Prog Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

Full Name (Last, First, Middle Initial) <b>B.</b> Kari Shanard-Koenders		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address 3005 Spruceleigh Ct		<b>Transaction ID:</b> 101007-16
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.19
Name of Employer Pharmerica	Occupation Utilization Management Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

Full Name (Last, First, Middle Initial) <b>C.</b> Kari Shanard-Koenders		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 3005 Spruceleigh Ct		<b>Transaction ID:</b> 101907-16
City Sioux Falls	State SD	Zip Code 57105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.19
Name of Employer Pharmerica	Occupation Utilization Management Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	117.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Shanks

Mailing Address 1514 Newberger Rd

City Lutz State FL Zip Code 33549

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation Regional Director, Account Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 101007-49

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Shanks

Mailing Address 1514 Newberger Rd

City Lutz State FL Zip Code 33549

FEC ID number of contributing federal political committee. **C**

Name of Employer PharMerica Occupation Regional Director, Account Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 0 7

**Transaction ID:** 101907-49

Amount of Each Receipt this Period  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
Wendy Stearns

Mailing Address 3443 Sunbeam Drive

City Sarasota State FL Zip Code 34240

FEC ID number of contributing federal political committee. **C**

Name of Employer Pharmerica Occupation Director, Clinical Consulting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.99

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 5 / 2 0 0 7

**Transaction ID:** 101007-46

Amount of Each Receipt this Period  
 20.19

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.19
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A. Wendy Stearns</b>		Date of Receipt MM / DD / YYYY 10 / 19 / 2007
Mailing Address 3443 Sunbeam Drive		<b>Transaction ID: 101907-46</b>
City State Zip Code Sarasota FL 34240	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.19
Name of Employer Pharmerica	Occupation Director, Clinical Consulting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99	

Full Name (Last, First, Middle Initial) <b>B. Alfred Vasquez</b>		Date of Receipt MM / DD / YYYY 10 / 05 / 2007
Mailing Address 10548 Madison Brooks Dr		<b>Transaction ID: 101007-37</b>
City State Zip Code Fortville IN 46040	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 15.00
Name of Employer Pharmerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>C. Alfred Vasquez</b>		Date of Receipt MM / DD / YYYY 10 / 19 / 2007
Mailing Address 10548 Madison Brooks Dr		<b>Transaction ID: 101907-37</b>
City State Zip Code Fortville IN 46040	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 15.00
Name of Employer Pharmerica	Occupation Manager, General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.19
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel Weiss Mailing Address 1605 S Dakota Ave City State Zip Code Sioux Falls SD 57105 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID: 101007-44</b> Amount of Each Receipt this Period 25.00
Name of Employer PharMerica Occupation Manager, General Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Weiss Mailing Address 1605 S Dakota Ave City State Zip Code Sioux Falls SD 57105 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7 <b>Transaction ID: 101907-44</b> Amount of Each Receipt this Period 25.00
Name of Employer PharMerica Occupation Manager, General Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Sheri Zapp Mailing Address 1663 E Montoya Ln City State Zip Code Phoenix AZ 85024 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7 <b>Transaction ID: 101007-32</b> Amount of Each Receipt this Period 20.00
Name of Employer PharMerica Occupation Executive Director, Med D Contracting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A. Sheri Zapp</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 1663 E Montoya Ln		<b>Transaction ID: 101907-32</b>	
City State Zip Code Phoenix AZ 85024	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PharMerica	Occupation Executive Director, Med D Contracting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) <b>B. Cheryl Zinn</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 7	
Mailing Address 4008 September Song		<b>Transaction ID: 101007-18</b>	
City State Zip Code Manchaca TX 78652	Amount of Each Receipt this Period 20.19		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pharmerica	Occupation Manager, General		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99		

Full Name (Last, First, Middle Initial) <b>C. Cheryl Zinn</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7	
Mailing Address 4008 September Song		<b>Transaction ID: 101907-18</b>	
City State Zip Code Manchaca TX 78652	Amount of Each Receipt this Period 20.19		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pharmerica	Occupation Manager, General		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.99		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2073.46

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 35

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PharMerica Inc. Political Action Committee (PPAC)

Full Name (Last, First, Middle Initial) <b>A. Doggett for Us Congress</b>		Transaction ID: 00339-7416040301323 Date of Disbursement 10 / 26 / 2007	
Mailing Address 1157 San Bernard		Amount of Each Disbursement this Period 2000.00	
City Austin State TX Zip Code 78702	Purpose of Disbursement 2008 Primary Candidate Name Lloyd Doggett	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

2000.00